

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
6							65					
6							66					
7							67					
8							68					
9							69					
10							60					
11							61					
12							62					
13							63					
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42							91					
43							92					
44							93					
46							94					
46							95					
47							96					
48							97					
48							98					
49							99					
60							100					
TOTAL NO.	3						TOTAL NO.					
TOTAL DEF.	11						TOTAL DEF.					